



AF/3731

PATENT

Atty. Dock t No.: (2791) 203-2886

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Roby et al.

Examiner: G. Phanijphand

Serial No.: 09/964,902

Group Art Unit: 3731

Filed: September 27, 2001

Dated: January 12, 2004

For: PRETREATMENT FOR LUBRICATED SURGICAL NEEDLES

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TECHNOLOGY CENTER R3700

JAN 20 2004

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AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. RATE FEE
TOTAL	*4 MINUS ** 27	=	X 9 \$	X 18 \$ 0	
INDEP.	*1 MINUS **4	=	X 42 \$	X 84 \$ 0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X 140 \$	X 280 \$ 0	
			TOTAL	OR TOTAL	\$ 0
			ADDIT. FEE	\$ -0-	

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

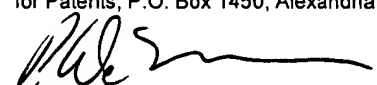
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: January 12, 2004


Peter DeLuca

- ☐ Please charge Deposit Account No. 50-2140 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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PD/MRB/jjp